2)

MUSCULO-SKELETAL EVALUATION

ORTHOPAEDIC ASSESSMENT

SOAP Phenomena -

S - Subjective.
O - objective.
A - Assessment.
P - plan.

Subjective Assessment -

Name.
Age.
Sex.
occupation.
Address.
OPD No / IPD No.
DOE.
Dominant side.
chief complaint.

HISTORY

Present history

Date of onset of injury.

Scanned with ACE Scanner

2. Mechanism of injury :-
1. Road side accident.
2. Direct injury.
3. indirect injury.
4. Bending / twisting injury.
5. Rotational injury.

3. Mode of onset -
1. Sudden.
2. gradual.
3. Insidious.
4. periodic.

4. Duration :- That help to determine the condition
- acute - present since 7 to 10 days.
- sub acute - present since 10 days to 7 weeks.
- chronic - present for longer than 7 weeks.

5. Condition :-
1. improved.
2. stationary.
3. worsen.

6. Current treatment.

Pain treatment -

3.
1. Site.
2. Side.
3. type. - nerve pain, muscle pain etc.

Different type of pain & related structure.

	Type of pain	Structure
1.	Cramping, dull aching	Muscle.

Scanned with ACE Scanner

2. Dull aching — ligament, joint capsule.
3. Sharp shooting — nerve root.
4. Sharp bright, lightening, like — Nerve
5. Burning pressure like, stinging, aching — sympathetic nerve.
6. Deep nagging, dull — bone
7. Sharp severe, intolerable — Fracture.
8. Throbbing, diffuse — vasculature.

7. Frequency -
8. nature - constant / periodic / episodic
9. pain aggravating factor & pain relieving factor-
10. Intensity - Intensity of pain can be assessed with the help of VAS (visual analogue scale) or numerical rating scale.

1|6|21 JMP

1. VAS [Visual Analogue Scale] :-
1. 10 cm horizontal line.

How severe is your pain?

No pain ——— worst pain imaginable

→ The distance from no pain to the pt mark indicates the severity of pain numerically.

2. Advantage :- Simple, efficient, valid & minimally intrusive.

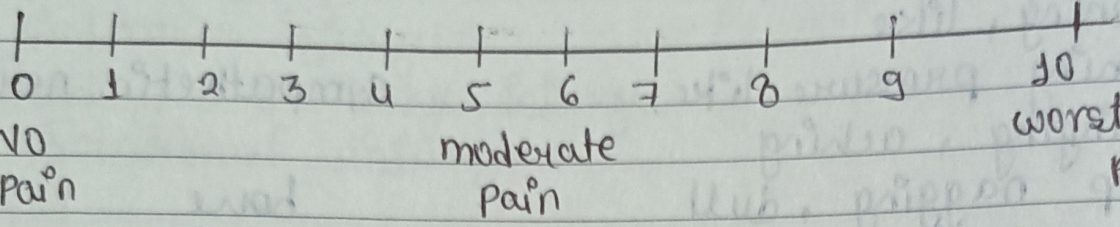
3. Disadvantage - more time consuming than others & some difficulty in understanding in elderly.

Scanned with ACE Scanner

Imp

2. NRS [The Numerical Rating Scale]

1. Most commonly used.



2. A reduction of 30% or 2 point and more from baseline positive response for Rx.

3. Disadvantage - Digital Scale reduces the capacity to detect subtle changes.

History :-

1. Past family history :-
- Relevant previous medical problem to present condition
- history of other disease & injuries.
- operation & hospitalization.
- Medication.

2. Personal history :-

1. personal habits
- sleeping habits.
- Tobacco - duration, frequency, amount.
- cigarette, smoking -"-
- alcohol -"-

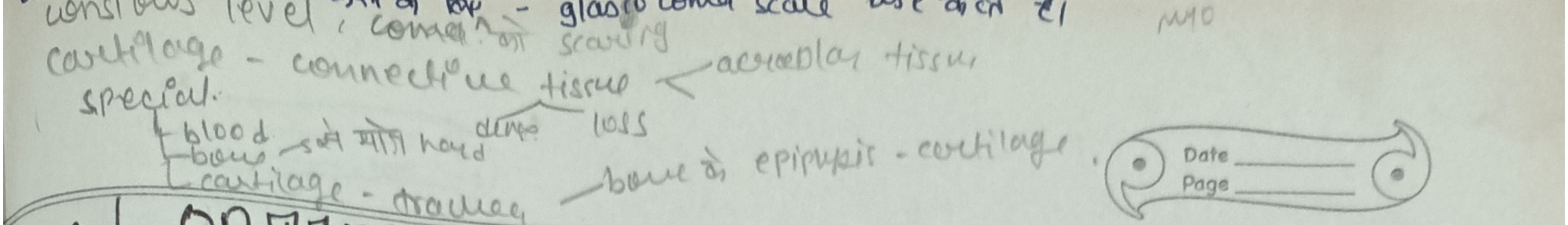
2. Physical activities.
- occupational, Recreational, exercises, other.

3. Family history.

4. Social history.

5. Environmental history.

Scanned with ACE Scanner



* OBJECTIVE ASSESSMENT :-

1. Conscious :-
- Alert - awake & attentive to normal stimulation.
- Stupor - response only to strong, noxious, stimuli, returnse to unconscious state.
- Coma - can not be aroused.

2. Ambulatory status :- Note pt. mode of locomotion such as on wheel chair, ambulatory, with or without assistive device, bedridden etc.

3. general condition of pt - poor / good / medium.
4. body built.
5. Posture.
6. gait.

Scanned with ACE Scanner